IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter ~~130~~ Article 13C)

OWNER OR CONTRACTOR David Annas DATE 10-20-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jennings Rd. N. T.L. on SR. 1896 (Friendship Ch. Rd.) Go .2mi. House on Rt. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 3Ac.

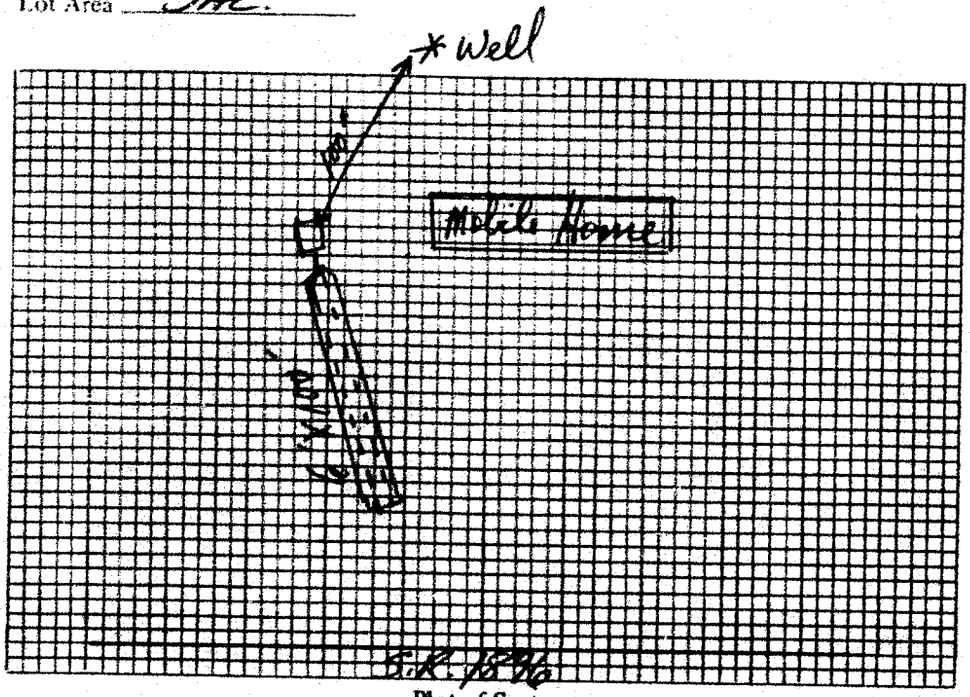
Character & Porosity of Soil Cecil clay loam

Percolation Rate _____

Topography 4-6%

Depth to Water Table unk.

Rock or other impervious formations scattered rock



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 16"+

Water Supply: Individual (✓)

Public ( )

Installed by Alexander Plumbing & Septic Tank

IMPROVEMENTS PERMIT BY W. A. Howard

COMMENTS: System serviced to 6'x100' w/ 16"+ of rock.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 10-20-77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold